

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101550978

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1		1			
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	1		1			
23		2		1		
24		2		1		
25		2		1		
26		2		1		
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
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40		2		1		
41		2		1		
42		2		1		
43		2		1		
44		2		1		
45		2		1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	3					
TOTAL DEP.	65					
TOTAL CLAIMS	68					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53				1		
54				1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.			3			
TOTAL DEP.			18			
TOTAL CLAIMS			21			

P. HANDEL